



AUTHORIZATION FOR RELEASE OF INFORMATION

Client Name: _____

DOB: _____

Parent/Guardian Name: _____

DOB: _____

Agency/Individual: _____

Phone: _____

Relationship to Client: _____

Fax: _____

I understand that my health information is protected by law. I authorize the release of my confidential health information as indicated below. I understand that that such uses and disclosures may only be made by and only to the persons or organizations identified above.

Information to be Released:

<input type="checkbox"/> Previous Counseling Summary	<input type="checkbox"/> Psychiatric History	<input type="checkbox"/> Discharge Summary
<input type="checkbox"/> Treatment Plan/Recommendations	<input type="checkbox"/> Medication History	<input type="checkbox"/> Financial Information
<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Police Report	<input type="checkbox"/> Educational Information
<input type="checkbox"/> Individual Education Plan	<input type="checkbox"/> Custody Agreement	<input type="checkbox"/> Criminal Justice History
<input type="checkbox"/> Psychological Information	<input type="checkbox"/> Physician's Orders	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Schedule, Fee, & Payment Information		

Information to be Withheld:

Nothing
 Please do not discuss the following items: _____

I, _____, authorize Mindfully Me, PLLC to exchange
(clients's name, parent guardian name)

information concerning me/my child with _____
(Agency or Individual)

Authorization:

I understand that my consent is voluntary and I can revoke this permission at any time, except to the extent that it has already been shared based on this authorization. I understand this consent will automatically expire upon termination of therapy. Should I choose to revoke this authorization I will state this in writing. I hereby release any service provider or individual from a liability, which may result fro furnishing the information requested as authorized in this release.

Client and/or Parent/Guardian Signature

Date

Witness Signature

Date